



GSFC LEAVE SHARE PROGRAM (Recipients)

EMPLOYEE INFORMATION

ELIGIBILITY TO BECOME A LEAVE RECIPIENT: The permanent voluntary leave share program, effective 1/30/95, Public Law 103-103, provides for the transfer of annual leave to employees affected by a medical emergency. A medical emergency is a medical condition affecting an employee or family member that is likely to require an employee's absence from work for at least 24 work hours (30% of average hours of work if employed part-time), and results in a substantial loss of income because of the unavailability of paid leave. Transferred leave may be substituted for periods of leave without pay and/or may be used to liquidate any indebtedness of advanced sick or annual leave.

EMPLOYEE NAME:	DATE:
SSN:	WORK PHONE:
	HOME PHONE:
TITLE/GRADE/CODE:	

Purpose (must attach original medical documentation):

☐ Illness/Injury/Incapacitation of requesting employee ☐ Care for family member

BEGINNING PAY PERIOD OF MEDICAL ABSENCE: _____ ACTUAL DATE: _____
ENDING PAY PERIOD OF MEDICAL ABSENCE: _____ ACTUAL DATE: _____
NUMBER OF LEAVE HOURS REQUIRED: _____

☐ I do ☐ I do not elect to release my medical condition to prospective donors.

EMPLOYEE SIGNATURE: _____ DATE: _____

RECOMMENDATION: ☐ APPROVAL
☐ DISAPPROVAL

IMMEDIATE SUPERVISOR DATE

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES ONLY

THIS REQUEST IS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	RECIPIENT INFORMATION: Annual Leave accrual rate: 104 160 208 Annual leave balance: _____ Sick Leave Balance: _____ LWOP Balance: _____ Balances as of: _____
OFFICE OF HUMAN RESOURCES	DATE

PRIVACY ACT STATEMENT: In the U.S. Code, Title 5, Section 301, Title 42, Section 2473, and Title 44, Section 3101, authorizes collection of this information. Privacy information requested is collected and maintained in pursuant to the NASA System of Records published as "NASA 10SPER." Providing privacy information is a voluntary action although failure to do so may inhibit a prospective leave donor's ability to donate leave to you. The intended official uses of this information are: to assist the Office of Human Resources to verify your eligibility to be a leave recipient; to assist the Financial Management Division in establishing a special leave account for you; to inform your supervisor that you are an eligible leave recipient; and to make your name and medical emergency available to prospective leave donors. Additional routine uses of leave transfer information, uses which are standard for many NASA systems of records, are cited in full text in the "10SPER" System of Records notice.

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